

DECLARATION AND POWER OF ATTORNEY

Docket No. X16661

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the invention entitled

OPIOID RECEPTOR ANTAGONISTS

which is described and claimed in the specification which:

(check ☐ is attached hereto.
one) ☒ was filed on 08 March 2005 as United States
Application Serial No.

or

PCT International Application No. PCT/US2005/007051
and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined 37 C.F.R. 1.56.

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional patent application(s) listed below.

60/553,184
(Application Number)

15 March 2004
(Filing Date)

I acknowledge the duty to disclose information which is material patentability as defined 37 C.F.R. 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATION(S)			
Country	Application Number	Date of Filing (day, month, year)	Priority Claimed
EP	04380058.0	12 March 2004	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Power of Attorney: As a named inventor, I hereby appoint the attorneys and/or agent(s) associated with customer number 25885 to prosecute this application and transact all business in the Patent and Trademark Office.

Send correspondence to the address associated with the customer number.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Full Name of Sole or
or First Inventor :

Marta Garcia DE LA TORRE

Inventor's Signature :

Marta
Marta Garcia DE LA TORRE

Date: September 15th 2006

Residence Address :

**Lilly, S. A.
Avenida de la Industria 30
Alcobendas, Madrid
Spain 28108**

Post Office Address :

SAME AS ABOVE

Citizenship :

Spain

Full Name of Second

Joint Inventor, if Any: **Charles Howard MITCH**

Inventor's Signature: _____

Charles Howard MITCH

Date: _____

Residence Address :

**3210 Grove Parkway
Columbus, Indiana 47203**

Post Office Address :

SAME AS ABOVE

Citizenship :

United States of America

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Full Name of Sole or

or First Inventor : **Marta Garcia DE LA TORRE**

Inventor's Signature : _____ Date: _____

Marta Garcia DE LA TORRE

Residence Address : **Lilly, S. A.
Avenida de la Industria 30
Alcobendas, Madrid
Spain 28108**

Post Office Address : **SAME AS ABOVE**

Citizenship : **Spain**

Full Name of Second

Joint Inventor, if Any: **Charles Howard MITCH**

Inventor's Signature:  Date: November 9, 2005
Charles Howard MITCH

Residence Address : **3210 Grove Parkway
Columbus, Indiana 47203**

Post Office Address : **SAME AS ABOVE**

Citizenship : **United States of America**